Image# 11930276454 017/8/19/20/11# 15:54

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1.	(a) Name of Individual, (Organization or Corporation	, 3	•	·
	VOCES DE LA FRON				
	(b) Address (number and 1027 S. 5TH STREET		iously reported		
	1027 0. 5111 5111221	I			
	(c) City, State and ZIP C	ode			2. FEO Librarii antina Niverban
	MILWAUKEE	WI	53204		FEC Identification Number
2.	Corporate filers only				C C90011826
		Is the filer a qualified nonprofit corpor	ration?	□ No	
	Individual filers only	Nome of Employer			 Decupation
		Name of Employer			occupation
	4. TYPE OF RE	PORT (check appropriate boxes):			
	(a) April	15 Quarterly Report	24-Hour Notice	48-Hour I	Notice
	☐ July 1	5 Quarterly Report			
	Octob	er Quarterly Report			
	(b) Is this Re	port an amendment? Yes \(\sime\) No \(\sime\)			
	5. COVERING I	PERIOD: FROM 1, 0 0 1	/ Y Y Y Y Y 2 0 1 0		
		THROU	GH		
		M M / D D D 3 1	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	6. TOTAL CON	TRIBUTIONS			28217.84
	7. TOTAL INDE	PENDENT EXPENDITURES			11704.71
re	quest or suggestion of, a candida	nat the independent expenditures reported herein were ate or a candidate's agent or authorized committee or propration, I certify that the corporation is a qualified no	a political party committee or its a	agent. In addition, if t	the independent expenditures
T	YPE OR PRINT NAME C	OF PERSON COMPLETING FORM	SIGNATURE		DATE
J	eanne Marie Geraci				01/31/2011
_					
	NOTE: Submissi	ion of false, erroneous or incomplete information	on may subject the person si	igning this report t	to the penalties of 2 U.S.C 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A ITEMIZED RECEIPTS

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any information copied from such Reports	and Statements may no	t be sold or used b	any person for the purpose of	soliciting contributions
r for commercial purposes, other than usir	ig the name and addres	ss or any political co	mmittee to solicit contributions	rrorn sucn committee
NAME OF FILER (In Full) VOCES DE LA FRONTERA ACTI	ON			
Full Name (Last, First, Middle Initial) Voces de la Frontera Action			Date of Ro	eceipt
Mailing Address 1027 S. 5th Street			M M	$\begin{array}{c c} & \begin{array}{ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transacti	on ID: F56.000001
Milwaukee	WI	53204	Amount o	of Each Receipt this Period
FEC ID number of contributing federal political committee.	C			18000.00
Name of Employer			Occupation	
Full Name (Last, First, Middle Initial) Voces de la Frontera Action			Date of Re	eceipt
Mailing Address			M M	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transacti	on ID: F56.000002
			Amount o	of Each Receipt this Period
FEC ID number of contributing federal political committee.	С			217.84
Name of Employer			Occupation	
Full Name (Last, First, Middle Initial) Racine Educators Associate PAC Mailing Address 1201 West Boulevard	;		Date of Ro	eceipt / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transacti	on ID: F56.000003
Racine	WI	53405	Amount o	of Each Receipt this Period
FEC ID number of contributing federal political committee.	C			1000.00
Name of Employer			Occupation	
Full Name (Last, First, Middle Initial) Voces de la Frontera Action			Date of Re	eceipt
Mailing Address 1027 S. 5th Street			M M 1, 1	$ \begin{bmatrix} \begin{smallmatrix} D & D \\ & 0 & 4 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ & 2 & 0 & 1 & 0 \end{bmatrix} $
City	State	Zip Code	Transacti	on ID: F56.000004
Milwaukee	WI	53204	Amount o	of Each Receipt this Period
FEC ID number of contributing federal political committee.	C			9000.00
Name of Employer			Occupation	
UBTOTAL of Receipts This Page (option	al)			28217.84
	 ,			2221721
OTAL This Period (last page carry total t	o Line 6)			28217.84

HEDULE 5-E			PAGE 3 / 14
EMIZED INDEPENDENT EXPENDITUR ME OF FILER (In Full)	ES		FOR LINE 7 FOR FORM 5
OCES DE LA FRONTERA ACTION			
Full Name (Last, First, Middle Initial) of Payee			Date
Weber Printing			
Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3048 North 34th Street			Amount
City	State	Zip Code	131.29
Milwaukee	WI	53204	
Purpose of Expenditure		Category/	Office Sought: House State: WI
Printing Literature for Racine Canvass		Туре	Senate X Senate
Name of Federal Candidate Supported or Oppose	ed by Expenditure	:	President District:
Feingold Russ			Check One: X Support Oppose
Colonday Vocy To Date Day Floation			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		124.01	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			
WYTU Telemundo, WI			Date
•			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 809 S. 60th Street			Amount
	State	Zip Code	124.01
City Milwaukee	WI	53214	
Purpose of Expenditure			Office Sought: House State: WI
TV ad spot		Category/ Type	Office Sought: House State: WI Senate X Senate
Name of Federal Candidate Supported or Oppose	ed by Expenditure	<u> </u> :	President District:
Russ Feingold			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		.00	2010 Cother (specify)
Full Name (Last, First, Middle Initial) of Payee Bustos Media of Wisconsin, LLC			Date
·			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1138 South 108th Street			Amount
		71.0.1	500.00
City Milwaukee	State WI	Zip Code 53214	
Purpose of Expenditure	***		Office Sought: House Chair WI
ad		Category/ Type	State: VVI
Name of Federal Candidate Supported or Oppose	ed by Evpenditure		Senate X Senate District:
Name of Federal Candidate Supported of Oppose Russ Feingold	su by Experiorure:		Check One: X Support Oppose
Colondor Voor To Data Day Flaction			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		.00	2010 Other (specify)
a) SUBTOTAL of Itemized Independent Expendi	tures		755.30
(b) SUBTOTAL of Unitemized Independent Exper	nditures		

(c) TOTAL Independent Expenditures

Image# 11930276457 SCHEDULE 5-E

FOR LINE 7 FOR FORM 5

ITEMIZED INDEPENDENT EXPENDITORES	
NAME OF FILER (In Full)	
VOCES DE LA FRONTERA ACTION	

Full Name (Last, First, Middle Initial) of Payee		Date
Stipends Student		M M / D D / Y Y Y Y
Mailing Address c/o 1027 S. 5th Street		M M / D D / Y Y Y Y Y Amount
City State	Zip Code	133.30
Milwaukee WI	53204	
Purpose of Expenditure	Category/	Office Sought: House State: WI
Canvass stipend	Type	Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: Russ Feingold	:	President Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	.00	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Telemundo		M M / D D / Y Y Y Y
Mailing Address		Amount 21 2010
39936 Treasury Center		987.50
City State	Zip Code 60694	967.30
Chicago IL	00094	000000
Purpose of Expenditure TV Ad	Category/ Type	Office Sought: House State: WI
		Senate X Senate President District:
Name of Federal Candidate Supported or Opposed by Expenditure: Russ Feingold		Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	!	Date
Canvass Stipends		
Mailing Address		10 22 2010
c/o 1027 S. 5th Street		Amount
City State	Zip Code	320.00
Milwaukee WI	53204	
Purpose of Expenditure	Category/	Office Sought: House State: WI
canvass stipend	Type	Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: Russ Feingold	:	Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	.00	2010 Cother (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		1440.80
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5/14

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

OCES DE LA FRONTERA ACTION		
Full Name (Last, First, Middle Initial) of Payee Telemundo		Date
Mailing Address 39936 Treasury Center		M M / D D / Y Y Y Y Y Amount
City State Chicago IL	Zip Code 60694	1005.00
Purpose of Expenditure tv ad	Category/ Type	Office Sought: House State: WI Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditu Russ Feingold	ure:	President Oppose
Calendar Year-To-Date Per Election for Office Sought	.00	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee El Sol		Date M M / D D / Y Y Y Y
Mailing Address 611 West National Avenue, Ste. 211		M M / D D / Y Y Y Y Y Amount
City State Milwaukee WI	Zip Code 53204	390.00
Purpose of Expenditure radio ad	Category/ Type	Office Sought: House State: WI Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditu Russ Feingold	ure:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	.00	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Weber Printing		Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3048 N. 34th Street		Amount
City State Milwaukee WI	Zip Code 53210	236.72
Purpose of Expenditure Literature- printing	Category/ Type	Office Sought: House State: WI Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditu Russ Feingold	ure:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	.00	Disbursement For: 2010 Other (specify) Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures		1631.72
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 / 14
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

	VOCES DE LA FRONTERA ACTION
--	-----------------------------

Full Name (Last, First, Middle Initial) of Payee			Date	
Canvassers Volunteer			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address				
c/o 1027 S. 5th Street			Amount	
City	State	Zip Code	263.75	
Milwaukee	WI	53204		
Purpose of Expenditure		Category/	Office Sought: House State: WI	
canvass stipend		Type	Senate X Senate	
Name of Federal Candidate Supported or Opp	osed by Expenditure:	1	President District:	
Russ Feingold			Check One: Support Oppose	
			Disbursement For: Primary X General	
Calendar Year-To-Date Per Election for Office Sought		.00	2010 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee VFA Staff			Date	
			10 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address c/o 1027 S. 5th Street			Amount	
			147.54	
City Milwaukee	State WI	Zip Code 53204		
	VVI	J3204	L organization	
Purpose of Expenditure staff wages		Category/	Office Sought: House State: WI	
		Туре	Senate X Senate District:	
Name of Federal Candidate Supported or Opp Russ Feingold	osed by Expenditure:		President	
Tides I diligala			Check One: X Support Oppose	
Calendar Year-To-Date Per Election			Disbursement For: Primary X General	
for Office Sought		.00	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee			Date	
Canvass Consultants				
Mailing Address			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
2165 N. 60th Street			Amount	
City	State	Zip Code	131.25	
Milwaukee	WI	53208		
Purpose of Expenditure		Category/	Office Sought: House State: WI	
consultant		Type	Senate	
Name of Federal Candidate Supported or Opp	osed by Expenditure:	!	President District:	
Russ Feingold			Check One: X Support Oppose	
			Disbursement For: Primary X General	
Calendar Year-To-Date Per Election for Office Sought		.00	2010 Cther (specify)	
TOI Office Godgitt			Other (specify)	
(a) SURTOTAL of Itemized Independent Expenditures 542.54				
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTALof Unitemized Independent Expenditures				
(1) 1321011120 Ctorrizod masportadit Ex				
(c) TOTAL Independent Expenditures				
(carry total from last page forward	to Line 7)			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES NAME OF FILER (In Full)

PAGE	7 /	14	

FOR LINE 7 FOR FORM 5

OCES DE LA FRONTERA ACTION		
Full Name (Last, First, Middle Initial) of Payee CAnvassing Consultants		Date
Mailing Address		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	135.00
Purpose of Expenditure consultants	Category/ Type	Office Sought: House State: WI Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expend Russ Feingold	diture:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	.00	Disbursement For: 2010 Other (specify) Primary X General
Full Name (Last, First, Middle Initial) of Payee Canvass Stipends		Date
Mailing Address c/o 1027 S. 5th Street		Amount
City State Milwaukee WI	Zip Code 53204	285.00
Purpose of Expenditure canvass stipends	Category/ Type	Office Sought: House State: WI Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expend Russ Feingold	diture:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	.00	Disbursement For: 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Voces Staff		Date M M / D D / Y Y Y Y
Mailing Address c/o 1027 S. 5th Street		1.0 2.7 2.0.1.0 Amount
City State Milwaukee WI	Zip Code 53204	207.31
Purpose of Expenditure training canvassing	Category/ Type	Office Sought: House State: WI Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expend Russ Feingold	diture:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	.00	Disbursement For: 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		627.31
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

Image# 11930276461 SCHEDULE 5-E

PAGE 0/14	PAGE	8 / 14	
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TEMIZED INDEPENDENT EXPENDITU	JRES			FOR LINE 7 FOR FORM 5
IAME OF FILER (In Full)				,
VOCES DE LA FRONTERA ACTION				
Full Name (Last, First, Middle Initial) of Payee				Date
Canvass Consultants				
Mailing Address				
aig / idd.iddi				Amount
City	State	Zip Code		108.75
	State	<u>p </u>		
Purpose of Expenditure		Category/		Office Sought: House State: WI
consulting		Type		Senate X Senate
Name of Federal Candidate Supported or Opp	osed by Expenditure:			President District:
Russ Feingold	seed by Experience of			Check One: X Support Oppose
Calendar Year-To-Date Per Election		.00		2010
for Office Sought		.00		Other (specify)
Full Name (Last, First, Middle Initial) of Payee			·	Date
Canvassers Volunteer				M M / D D / Y Y Y Y
Mailing Address				$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
c.o 1027 S. 5th Street				Amount
City	State	Zip Code		291.25
Milwaukee	WI	53204		
Purpose of Expenditure		Category/		Office Sought: House State: WI
canvass stipends		Type		Senate X Senate
Name of Federal Candidate Supported or Opp	osed by Expenditure:	!		President District:
Russ Feingold				Check One: X Support Oppose
				Disbursement For: Primary X General
Calendar Year-To-Date Per Election		.00		
for Office Sought				Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
Weber Printing				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				
3048 N. 34th Street				Amount
City	State	Zip Code		229.68
Milwaukee	WI	53210		
Purpose of Expenditure		Category/		Office Sought: House State: WI
Printing		Type		Senate X Senate
Name of Federal Candidate Supported or Opp	osed by Expenditure:	!		President District:
Russ Feingold				Check One: Support Oppose
				Disbursement For: Primary X General
Calendar Year-To-Date Per Election		.00		2010
for Office Sought				Other (specify)
			·	
(a) SUBTOTAL of Itemized Independent Experi	nditures			629.68
(b) SUBTOTAL of Uniternized Independent Ex	oondituree			

(c) TOTAL Independent Expenditures

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)	

VOCES	DELA	FRONTERA	ACTION
VOCEO		TIONICION	71011011

Full Name (Last, First, Middle Initial) of Payee		Date
Union Copy Centers		M M / D D / Y Y Y
Mailing Address		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3060 S. 43rd Street		Amount
City State	Zip Code	325.00
Milwaukee WI	53219	
Purpose of Expenditure	Catagory	Office Sought: House State: WI
printing	Category/ Type	Senate X Senate State: WI
Name of Federal Candidate Supported or Opposed by Expenditure:	, , , , , , , , , , , , , , , , , , ,	President District:
Russ Feingold		Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	.00	2010 Cther (specify)
Full Name (Last, First, Middle Initial) of Payee	'	Date
Staff Voces		M M / D D / Y Y Y Y
Mailing Address		10 28 2010
c/o 1027 S. 5th Street		Amount
City State	Zip Code	325.00
Milwaukee WI	53204	
Purpose of Expenditure	Category/	Office Sought: House State: WI
staff wages	Туре	Senate X Senate
Name of Federal Candidate Supported or Opposed by Expenditure:		President District:
Russ Feingold		Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	.00	2010 Other (specify)
•		Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
La GranD		1,0 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		
1138 S. 108th Street		Amount
City State	Zip Code	510.00
Milwaukee WI	53214	
Purpose of Expenditure	Category/	Office Sought: House State: WI
radio ad	Type	Senate X Senate
Name of Federal Candidate Supported or Opposed by Expenditure:		President District:
Russ Feingold		Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	.00	2010 — — — — — Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		1160.00
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 7)		

Image# 11930276463 SCHEDULE 5-E

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MIZED INDEPENDENT EXPENDIT	JRES		FOR LINE 7 FOR FORM 5
ME OF FILER (In Full)			
OCES DE LA FRONTERA ACTION			
Full Name (Last, First, Middle Initial) of Payee			Date
Al Levy			
Mailing Address			1.0 / D D / Y Y Y Y Y Y
c/o 1027 S. 5th Street			Amount
City	State	Zip Code	122.06
Milwaukee	WI	53204	
Purpose of Expenditure		Category/	Office Sought: House State: WI
reimbursement for volunteer food and	transporation	Туре	Senate X Senate
Name of Federal Candidate Supported or Opp	oosed by Expenditure:	<u> </u> 	President District:
Russ Feingold			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		.00	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Canvass Consultants			Date
			10 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2165 N. 60th Street			Amount
			145.00
City Milwaukee	State WI	Zip Code 53208	
Purpose of Expenditure			Office Sought: House Carry WI
consulting		Category/ Type	State: VVI
Name of Federal Candidate Supported or Opp	acced by Evpanditure		Senate X Senate District:
Russ Feingold	Josed by Experialitire.	•	Check One: X Support Oppose
Calendar Year-To-Date Per Election		.00	2010
for Office Sought		.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Canvassers Volunteer			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			10 29 2010 Amount
c.o 1027 S. 5th Street			428.75
City	State	Zip Code	420.73
Milwaukee	WI	53204	
Purpose of Expenditure canvass stipends		Category/	Office Sought: House State: WI
<u> </u>		Type	Senate X Senate District:
Name of Federal Candidate Supported or Opp Russ Feingold	osed by Expenditure:		President President
- Table 1 diligola			Check One: X Support Oppose
Calendar Year-To-Date Per Election		00	Disbursement For: Primary X General 2010
for Office Sought		.00	Other (specify)
a) SUBTOTAL of Itemized Independent Expe	enditures		695.81
(b) SUBTOTALof Unitemized Independent Ex	cpenditures		
(a) TOTAL Indopendent Expanditures			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES PAGE 11 / 14 FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) VOCES DE LA FRONTERA ACTION Full Name (Last, First, Middle Initial) of Payee Date Voces Staff $\overset{\scriptscriptstyle{Y}}{2}\,0\,\overset{\scriptscriptstyle{Y}}{1}\,0\,\overset{\scriptscriptstyle{Y}}{0}$ Mailing Address Amount c.o 1027 S. 5th Street 248.30

Gity	State	Zip Code			
Milwaukee	WI	53204			
Purpose of Expenditure		Category/		Office Sought: House State: WI	•
training/ canvassing		Type		Senate X Senate	
Name of Federal Candidate Supported or Oppo	 sed by Expenditure:			President District:	
Russ Feingold	,			Check One: X Support Oppose	
Calendar Year-To-Date Per Election				Disbursement For: Primary X General	
for Office Sought			.00	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee				Date	
Canvassers Volunteer				M M / D D / Y Y Y Y	
Mailing Address				1 0 D 3 0 V Y Y Y Y Y Y	
c/o 1027 S. 5th Street				Amount	
City	State	Zip Code	<u> </u>	740.00	
Milwaukee	WI	53204			
Purpose of Expenditure		Category/		Office Sought: House State: WI	
canvassing		Type		Senate X Senate	
Name of Federal Candidate Supported or Oppo	sed by Expenditure:			President District:	
Russ Feingold				Check One: X Support Oppose	
Calendar Year-To-Date Per Election				Disbursement For: Primary X General	•
for Office Sought			.00	2010 Cother (specify)	
Full Name (Last, First, Middle Initial) of Payee				Date	•
Mayfair RentaCar				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address					
				Amount	
City	State	Zip Code	!	291.38	
Racine	WI				
Purpose of Expenditure		Category/		Office Sought: House State: WI	٠
transportation		Туре		Senate X Senate	
Name of Federal Candidate Supported or Oppo	sed by Expenditure:			President District:	
Russ Feingold				Check One: Support Oppose	
Calendar Year-To-Date Per Election				Disbursement For: Primary X General	
for Office Sought			.00	Other (specify)	
a) SUBTOTAL of Itemized Independent Expen	ditures			1279.68	

(b) SUBTOTALof Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)

SCHEDULE 5-E

PAGE	12 /	14
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FOR LINE 7 FOR FORM 5

ITEMIZED INDEPENDENT EXPENDITURES
NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee		Date
Infusios Pizza		M M / D D / Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0
Mailing Address		1.0 3.0 2.0.1.0 Amount
		66.17
City State Racine WI	Zip Code	
Purpose of Expenditure		Office Sought: House Out WI
food for volunteers	Category/ Type	State:
Name of Federal Candidate Supported or Opposed by Expend		Senate X Senate District:
Russ Feingold	andre.	Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	.00	2010 Contrary Contrary
•		Other (specify)
Full Name (Last, First, Middle Initial) of Payee Canvass Consultants		Date
		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address		Amount
City State	Zip Code	37.50
Milwaukee WI	p	
Purpose of Expenditure	Category/	Office Sought: House State: WI
consultants	Type	Senate X Senate
Name of Federal Candidate Supported or Opposed by Expend	diture:	President District:
Russ Feingold		Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Staff Voces		
Mailing Address		10 30 2010
c/o 1027 S. 5th Street		Amount
City State	Zip Code	248.30
Purpose of Expenditure training/ canvassing	Category/	Office Sought: House State: WI
	Type	Senate President District:
Name of Federal Candidate Supported or Opposed by Expend Russ Feingold	diture:	
		Z sappas
Calendar Year-To-Date Per Election	.00	Disbursement For: Primary X General 2010
for Office Sought	.00	Other (specify)
		351.97
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(oarry total from fact page forward to Elife /)		

Image# 11930276466 SCHEDULE 5-E

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MIZED INDEPENDENT EXPENDIT	JRES		FOR LINE 7 FOR FORM 5
ME OF FILER (In Full)			
OCES DE LA FRONTERA ACTION			
Full Manage (Last Circt Middle Initial) of Dayoe			I
Full Name (Last, First, Middle Initial) of Payee Canvassers Volunteer			Date
			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address c/o 1027 S. 5th Street			Amount
 City	State	Zip Code	576.25
Milwaukee	WI	53204	
Purpose of Expenditure		Category/	Office Sought: House State: WI
canvassing		Type	Senate X Senate
Name of Federal Candidate Supported or Opp	osed by Expenditure:	ļ.	President District:
Russ Feingold			Check One: X Support Oppose
Colorador Vera To Data Day Florida			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	L	.00	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Kate Werning			M M / D D / Y Y Y
Mailing Address			10 30 2010
c/o 1027 S. 5th Street			Amount
City	State	Zip Code	46.88
Milwaukee	WI	53204	
Purpose of Expenditure		Category/	Office Sought: House State: WI
salary		Туре	Senate X Senate District:
Name of Federal Candidate Supported or Opp Russ Feingold	osed by Expenditure:		President —
			Check One: X Support Oppose
Calendar Year-To-Date Per Election		.00	Disbursement For: Primary X General 2010
for Office Sought		.00	Other (specify)
full Name (Last, First, Middle Initial) of Payee			Date
Canvass Consultants			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount
2165 N 60th Street			105.00
City Milwaukee	State WI	Zip Code 53208	
Purpose of Expenditure	***		Office Sought: House Character WI
consulting		Category/ Type	Office Sought: House State: WI
Name of Federal Candidate Supported or Opp	osed by Expenditure:		President District:
Russ Feingold			Check One: Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		.00	2010 Other (specify)
a) SUBTOTAL of Itemized Independent Expe	nditures		728.13
b) SUBTOTALof Unitemized Independent Ex	penditures		
c) TOTAL Independent Expenditures(carry total from last page forward			
(oarry total from last page forward	o Line 1)		

Image# 11930276467 SCHEDULE 5-E

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MIZED INDEPENDENT EXPENDITURI	ES		FOR LINE 7 FOR FORM 5
ME OF FILER (In Full)			
OCES DE LA FRONTERA ACTION			
Full Name (Last, First, Middle Initial) of Payee			Date
Canvassers Volunteer			
Mailing Address			1 1 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c/o 1027 S. 5th Street			Amount
City	State	Zip Code	1283.75
Milwaukee	WI	53204	
Purpose of Expenditure	•••		Office Sought: House Own WI
canvassing		Category/ Type	State: VVI
			District:
Name of Federal Candidate Supported or Oppose Russ Feingold	d by Expenditure	э:	President —
Truss i emgolu			Check One: Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			
Staff Voces			Date
			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address c.o 1027 S. 5th Street			Amount
			302.16
City Milwaukee	State WI	Zip Code 53204	
	VVI	53204	
Purpose of Expenditure		Category/	Office Sought: House State: WI
training/ canvassing		Type	Senate X Senate District:
Name of Federal Candidate Supported or Oppose	d by Expenditure	e:	President ———
Russ Feingold			Check One: X Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			
Various Food Establishments			Date
			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address			Amount
			275.86
City	State	Zip Code	
Durnoss of Evenenditure			Office Cought
Purpose of Expenditure food for volunteers		Category/	Office Sought: House State: WI
		Туре	Senate X Senate District:
Name of Federal Candidate Supported or Oppose Russ Feingold	d by Expenditure	e:	President
Tuuss Teiriguid			Check One: X Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expendit	ures		1861.77
z, 222. 27.120. Romizou maopondon Expondit			
(b) SUBTOTALof Unitemized Independent Expen	ditures		
(c) TOTAL Independent Expenditures			. 11704.71